



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3248

<b>SERIAL NUMBER</b> 10/757,233	<b>FILING OR 371(c) DATE</b> 01/13/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 014058-017650US
------------------------------------	---	---------------------	-------------------------------	---

## APPLICANTS

David H. Persing, Redmond, WA;  
 Richard T. Crane, Hamilton, MT;  
 Gary T. Elliott, Stevensville, MT;  
 J. Terry Ulrich, Corvallis, MT;  
 Michael J. Lacy, Hamilton, MT;  
 David A. Johnson, Hamilton, MT;  
 Jory R. Baldridge, Victor, MT;  
 Rong Wang, Missoula, MT;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/991,376 11/20/2001 ABN which is a CIP of 09/861,466 05/18/2001 PAT 6,800,613 which claims benefit of 60/281,567 04/04/2001 and claims benefit of 60/205,820 05/19/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 04/21/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 1
--	--	-----------------------------------	---------------------------------	-------------------------------	------------------------------------

## ADDRESS

20350

## TITLE

Prophylactic and therapeutic treatment of infectious and other diseases with mono-and disaccharide-based compounds

<b>FILING FEE RECEIVED</b> 520	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
---------------------------------------	---	---